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bmj.com BMA responds to consultation on overseas doctors

Medical workforce gap in developing countries is set to worsen

Fiona Godlee *BMJ*

The number of healthcare workers in sub-Saharan Africa will have to triple each year for 10 years if every person with HIV or AIDS is to get antiretroviral treatment, said researchers this week.

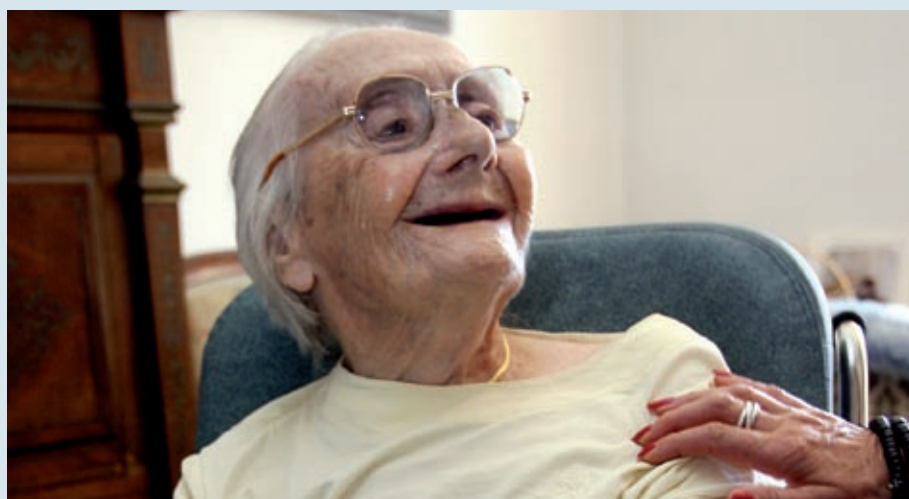
Their study, published in *AIDS Patient Care and STDs* (2007;21:799-812), was one of seven—including one in this week's *BMJ* (2007;335:862-5)—selected for presentation at the launch at the US National Institutes of Health of the multi-journal global theme issue on poverty and human development.

The *BMJ* was among 235 journals from 37 countries that took part in the global theme issue, coordinated by the Council of Science Editors. They published more than 750 articles between them, representing 110 countries (see bmj.com for a webcast and a link to a full list of citations on the council's website).

More than five million people who need antiretroviral treatment don't receive it, said one of the authors of the *AIDS Patient Care and STDs* study, Salal Humair, of Lahore University, Pakistan. Limited human resources to treat HIV and AIDS is one of the main constraints to achieving universal coverage, he said.

He and his coauthors, Till Bärnighausen, of the University of KwaZulu-Natal, and David Bloom, of the Harvard School of Public Health, estimate that antiretroviral treatment programmes in low and middle income countries currently lack 5000 to 10000 doctors, 10000 to 36000 nurses, and 7000 to 21000 pharmacists. However, the need for healthcare workers to administer treatment will increase as more and more people with HIV or AIDS survive. Even if no doctors emigrate, the authors estimate that sub-Saharan Africa alone will need 3000 extra doctors each year to treat people with HIV or AIDS.

Competing interests: FG's travel and accommodation to attend and chair the launch meeting were paid for by the Fogarty International Center of the US National Institutes of Health.



PASCAL GUYOT/AFP/GETTY IMAGES

In Europe, female life expectancy is longest in France, at 84 years. Marie-Simone Capony was France's oldest citizen until her death last month aged 113

More needs to be done to tackle health inequalities

Roger Dobson *ABERGAVENTNY*

Men and women living in the north of England can expect to live two years less than those in the south, latest government statistics show.

A north-south divide—with higher rates of smoking, more deaths from smoking, more binge drinking, and twice as many families receiving means tested benefits in areas of the north—continues to exist, says a new report from the Department of Health.

Twice as many men in the North East governmental region as in the South East think they are in poor health, and the number of

hospital admissions for alcohol related conditions in the North West is 2.5 times that in the East of England region (East Anglia, Bedfordshire, Hertfordshire, and Essex).

"There is a consistent 'north-south' divide, with poorer health in the north in comparison to the south in almost all cases," says the report.

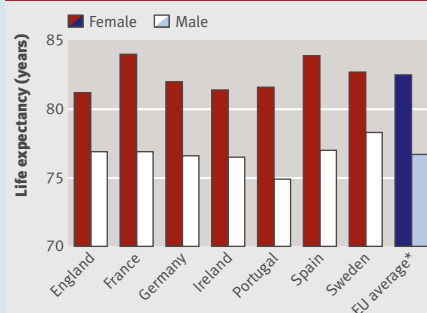
Compared with the 15 countries that constituted the European Union up to 2004, life expectancy of women in England in 2004 was below the EU average (81.5 years against an average of 82.5 years). Women's life expectancy was highest in France, at 84 years. Men's life expectancy in England (76.9) was just above the EU average (76.7), but Sweden had the highest male life expectancy, at 78.3 years.

The report identifies a rising prevalence of obesity, drinking, chronic liver disease, and cirrhosis and the highest rate of teenage pregnancy of the 15 countries in the EU to 2004 as among major areas of concern in England.

The public health minister, Dawn Primarolo, said, "This report shows that mortality rates from cancers, circulatory diseases, and suicides are declining. But there is still a lot to do in tackling health inequalities."

Health Profile of England 2007 is at www.dh.gov.uk

LIFE EXPECTANCY AT BIRTH (2004 DATA)



*Of 15 countries in European Union before 2004

Source: UK Government Actuary's Department

EU postpones threatened restriction to use of MRI

Rory Watson BRUSSELS

The introduction of health and safety legislation in the European Union that would have inadvertently restricted the use of magnetic resonance imaging (MRI) in patient care and scientific research (*BMJ* 2007;334:552) is to be postponed for four years.

The European Commission will formally propose within the next few days to delay implementation of the EU Physical Agents (Electromagnetic

Fields) Directive 2004 from its proposed starting date of April 2008 until 2012.

It is highly unusual for the commission to rule that legislation should not be applied after it has been agreed by EU governments and the European parliament.

The decision reflects the strength of the arguments presented by the Alliance for MRI—a coalition of members of the European parliament, patients' groups,



A nurse prepares a patient for an MRI brain scan

President appoints controversial population head

Janice Hopkins Tanne NEW YORK

In a controversial move President George Bush has appointed Susan Orr as acting deputy assistant secretary for population affairs, to head the Office of Population Affairs at the Department of Health and Human Services.

Dr Orr, who is not a physician but has a PhD, was widely criticised in the US press because in a 2001 interview with the *Washington Post* she was quoted as saying that she supported a Bush proposal to stop requiring health plans for federal employees to cover contraception. She was quoted as saying, "We're quite pleased, because fertility is not a disease."



Dr Susan Orr

Dr Orr has served in the US health department for six years. She was working at the conservative Family Research Council—whose slogan is "family, faith, and freedom"—when she made the controversial statement. The council says that she is not a "foe of contraception" but that she made the statement to make it clear that some federal employees might have the option to choose health plans that did not include contraception, because they did not want or want contraception.

The Office of Population Affairs advises on reproductive health topics, including adolescent pregnancy and family planning.

Doctors don't need second signature for abortion

Adrian O'Dowd MARGATE

The need for two doctors to give consent for a woman to have an abortion before 24 weeks' gestation should be dropped, clinicians have told MPs.

The current legal requirement for a woman to get two signatures from doctors is woefully out of date and inappropriate, MPs on the House of Commons Select Committee on Science and Technology were told last week. Witnesses giving evidence as part of the committee's inquiry into whether the abortion laws in England and Wales need to be updated said that changes were long overdue. They gave evidence days before a conference held in London by Marie Stopes International called for an end to the dual signature requirement.

Tony Calland, chairman of the BMA's medical ethics committee, said that in the case of pregnancies in the first trimester the BMA deemed that it was no longer necessary to have two doctors' signatures because the risks were so low, but this was not so for second trimester pregnancies.

He said, "For the first trimester we feel the risks of that procedure are so small, we ask why do you need two doctors to confirm a procedure or to sanction a procedure that is of very small risk indeed and much less risk than perhaps an operation where you don't need two signatures?"

The committee challenged Dr Calland on

why the BMA had offered only a pro-choice motion for its members to vote on at the recent BMA annual conference, given that it was this motion that had led to its current policy in this area.

"There were a series of motions, and the first one was on first trimester abortion, and that was debated," said Dr Calland. "Time is allowed for certain sections, and after that motion—because there were a lot of speakers—the time on that section ran out."

MPs asked fellow witness Vincent Argent, a consultant obstetrician and gynaecologist, whether any evidence existed to say that

"For the first trimester... why do you need two doctors?"

having two doctors' signatures actually improved health outcomes of patients presenting for an abortion.

Dr Argent said no and added: "Sometimes, the clinician [signing] does not actually see the client for consultation. They sign the form on the basis of reading the clinical notes."

● A survey carried out between February and September 2007 by Colin Francome, emeritus professor at Middlesex University, and by Marie Stopes International showed that 80% of GPs were broadly pro-choice. But a third of those who were anti-abortion did not believe they should reveal their position when seeing a woman requesting an abortion.

General Practitioners: Attitudes to Abortion 2007 is available from www.mariestopes.org.uk.

scientists, and medical practitioners.

The alliance maintained that in its current form the directive, which would limit the time that operators could spend near MRI machines, would have prevented healthcare staff from helping patients during imaging. This would have meant that some patients would either be denied the service or would have to use alternative procedures such as radiography.

Critics feared that the restrictions on the use of the well established technology would have threatened Europe's position as world leader in MRI research.

GEORGE TOMPKINSON/SPL

Botched abortions kill more than 66 000 women each year

Andrew Cole LONDON

More than 66 000 women around the world die each year because of botched abortions, an international conference on safe abortion heard this week.

The conference in London, organised by the family planning body Marie Stopes International to mark the 40th anniversary of the UK's Abortion Act, called on all governments to recognise safe abortion as a basic human right.

Elizabeth Maguire, president of the reproductive rights organisation Ipas, said new data showed that the number of deaths from unsafe abortions had remained virtually unchanged over the past decade—and that in Africa it had even increased. This continuing toll was a “moral outrage and a gross violation of basic human rights,” she said.

A Nicaraguan obstetrician and gynaecologist, Arnaldo Toruno, said that his country's decision a year ago to outlaw abortion completely was already leading to many unnecessary deaths. The new law didn't stop abortions happening, he said—it only made them unsafe. A new study in his own hospital showed that 35% of women who were treated for miscarriage admitted they had had an induced abortion.

Dr Toruno said, “What is happening is a tragic example of politicians playing with women's lives. In fact, poor women are paying the price with their health and their lives. This is a real crisis.”

Maternal mortality is a human rights issue, delegates insist

Jacqui Wise LONDON

Maternal mortality must be recognised as a human rights issue, demanded delegates at the Women Deliver conference in London last week.

A new international initiative on maternal mortality and human rights—a collaboration of organisations advocating safe motherhood and human rights—was launched at the conference to focus attention on women and their human right to safe pregnancy and childbirth.

“The scale of avoidable maternal mortality is a human rights catastrophe,” said Lynn Freedman, director of the averting maternal death and disability programme at Columbia University's Mailman School of Public Health, which is behind the initiative.

She said, “There are over 500 000 maternal deaths worldwide each year that are largely avoidable. In most cases these amount to violations of women's rights to life, health, non-discrimination, and equality.”

At the conference, which was held to mark the 20th anniversary of the launch of the Safe Motherhood Initiative, repeated calls were made for greater political commitment to women's health, combined with appropriate investment.

Mary Robinson, former president of Ireland and current head of the human rights group Realizing Rights, told the conference: “Access to basic health care is a human right. We need to be passionate about galvanising

the political will. We must not meet again in 10 years and say that we failed to deliver.”

Gill Greer, director general of the International Planned Parenthood Federation, said, “Women's rights are quite simply human rights. We are all entitled to rights to health: men and women; children and older people.”

Geeta Rao Gupta, president of the International Center for Research on Women, which is based in Washington, DC, told the conference: “Since the global Safe Motherhood Initiative was launched 20 years ago 10 million women have died, and many of these deaths could have been prevented.”

She added: “We are nowhere near achieving the [United Nations] millennium development goal of cutting global maternal mortality by 75% by 2015.”

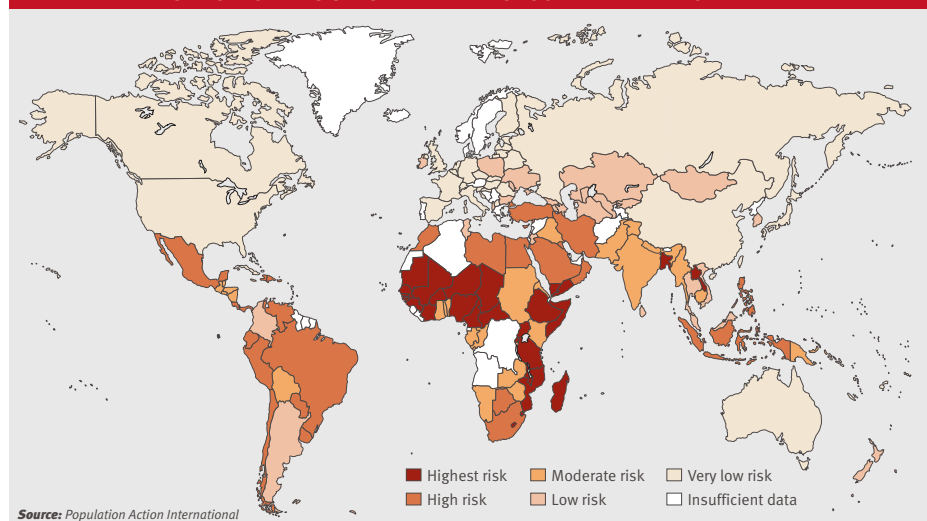
The 70 cabinet ministers and parliamentarians present at the conference issued a final statement pledging to make achievement of the millennium development goal “a high priority on the national, regional, and international health agenda.” They also promised to advocate for “increased commitment of financial and human resources” to combat maternal mortality.

The lifetime risk of maternal death in developing countries is more than 250 times that in developed countries, says a report released at the conference by Population Action International.

More information can be found at www.womendeliver.org.

“There are over 500 000 avoidable maternal deaths worldwide each year”

RISK TO WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH WORLDWIDE



IN BRIEF

NHS finances are on mend but still cause for concern: Nearly a third of NHS bodies in England are still in poor financial health, despite an overall shift towards surplus figures. In its latest annual check of NHS finances the Audit Commission found that more than twice as many trusts (27%) managed their budgets well or very well in 2006-7 than in 2005-6 (12%). But almost a third scored the minimum for efficient use of resources. See www.audit-commission.gov.uk.

Fewer English patients are offered choice: Fewer primary care trusts in England are offering patients the option of which hospital to be treated in, the latest government survey of patient choice indicates. The proportion of patients who say they were offered a choice fell to 43% in July from 48% in March. (See *Report of the National Patient Choice Survey, England—May 2007* at www.dh.gov.uk.)

Prescriptions in Scotland to be free: Scottish health minister Nicola Sturgeon has pledged to scrap prescription charges for all Scottish patients by May 2011. The commitment was first made in the Scottish National Party's manifesto ahead of the May elections this year. Prescriptions have been free in Wales since April.

Pain is poorly treated in Europe: Half of cancer patients in Europe have moderate to severe pain, and a fifth do not receive treatment for the pain, finds a survey of patients in 12 countries (*Journal of Pain & Palliative Care Pharmacotherapy* 2007;21:51-3).

Ban on cough and cold remedies for young children is proposed: An advisory panel to the US drug regulator, the Food and Drug Administration,

has recommended that cough and cold remedies containing decongestants, antihistamines, or cough suppressants be banned in children under the age of 6 years. The move has been prompted by safety fears and a lack of solid data on their clinical effectiveness in this age group.

Gaza restrictions lifted: Israeli authorities have reversed "security prohibitions" on seven patients who had been denied access to urgent lifesaving care outside Gaza. At least three patients who were denied exit permits from Gaza for treatment have died since June, Human Rights Watch has claimed.

US Congress fails to override Bush veto on health insurance



Bush's veto will affect families who can't afford health insurance but aren't eligible for Medicaid

Janice Hopkins Tanne NEW YORK

The US House of Representatives failed by just 13 votes to override President Bush's veto of a plan to renew and expand the state children's health insurance plan.

The plan covers about 6.6 million children in families who earn too much to qualify for help from the Medicaid programme for poor people yet cannot afford to buy health insurance, as well as some pregnant women and some adults in disadvantaged families.

Both the House and the Senate had passed a bill increasing spending for the programme by \$35bn (£17bn; €25bn) over the next five years to a total of \$60bn (*BMJ* 2007;335:637, 685). The proposed expansion would have added another four million children to coverage.

The president defended the veto, saying that the bill would prompt families to drop private

health insurance and that it was a step towards government run, socialised medicine.

It was better to create tax incentives to encourage families to buy health insurance, he said.

The veto has been widely criticised in media reports. Jennifer Howse, president of the March of Dimes Foundation, an independent group founded 70 years ago to fight polio, said that the organisation supported the programme's renewal. In a rebuttal to the president's weekly radio address, she said, "We do not consider children's health a partisan issue . . . We believe it is critical to provide health coverage to 10 million children."

She added, "According to the Institutes of Medicine, health insurance is the single most important factor in determining whether or not a child receives needed healthcare."

"We do not consider children's health a partisan issue"

Government toughens its stance on NHS

Owen Dyer LONDON

Medical staff who ignore guidelines on hand hygiene are "not welcome" in hospitals, said England's chief medical officer, Liam Donaldson, last week, signalling a more aggressive phase in the government's campaign to improve hygiene standards in the NHS.

"Failure to comply is now unacceptable practice," said Professor Donaldson. "Those who do not comply are not welcome in

these august institutions." Speaking at Bart's Hospital, London, at the launch of the third year of the National Patient Safety Agency's "Clean your hands" campaign, he said the time had come for "tougher talking, firm professional leadership, and clarity on standards."

He had recommended in his annual report that alcohol hand rub be given to hospital patients "so that they can ensure that health-



Trusts raid public health funds to cover their debts

Claire Laurent LONDON

NHS trusts across England used funds earmarked for public health to avoid financial crisis instead of tackling key issues such as obesity, alcohol misuse, and sexual health, a survey of public health directors has found.

Responses from 103 of England's 152 primary care trusts to the survey by the Asso-

ciation of Public Health Directors showed that two thirds of the 2006-7 public health allocation was spent on servicing debts. Less than a 10th of trusts used the full allocation for its intended purpose.

Following on from the 2004 government white paper *Choosing Health: Making Healthy Choices Easier*, the Department of Health allocated trusts a total of £341.5m (€490m; \$690m) for 2006-8 to invest in public health. But it did not ringfence the money, which meant that trusts could use it for other purposes.

A Department of Health spokeswoman said

Two thirds of the allocation was spent on debts

there was no reason for primary care trusts to raid public health budgets, because "the NHS reported a healthy net surplus in 2006-7 of around £500m." She added: "We do not agree with ringfencing and neither do NHS staff on the ground . . . It is up to local NHS organisations to decide how to spend the money allocated to them . . . to meet the local needs of their population."

Tim Crayford, the association's president, called for public health funds to be protected, if not by ringfencing then through "strong performance management of trusts."

Safety agency wants to do more to engage clinicians

Caroline White LONDON

Anaesthetists will be the first specialists in England to have their own reporting system for patient safety incidents, the government's safety agency has announced.

The new system, which is due to be piloted next year, will work in tandem with the national reporting and learning system, which the National Patient Safety Agency set up in 2004 to capture mistakes and near misses involving patients in the NHS (*BMJ* 2004;328:481).

But questions have been raised about the usefulness and accuracy of the data captured by the current system and the speed with which the information has been interpreted and fed back to the NHS.

Nurses use the system, which now receives around 50 000

reports a month; but on the whole, doctors do not.

The move signals the agency's intention to work much more closely with clinicians, said its chief executive officer, Martin Fletcher. Mr Fletcher, who was appointed to his post in May this year, was speaking at a conference in London last week on safety in clinical practice, organised by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland.

"The work we're doing with you will be the prototype for work we will do elsewhere," he told delegates.

If specialist reporting proves successful, similar systems for radiologists, obstetricians and gynaecologists, physicians, and GPs could also get the go ahead.



Staff show their love for the NHS

Caroline White LONDON

NHS staff are being urged to register their support for the NHS at a mass rally in London on Saturday 3 November, which is being billed as a celebration of the core values and founding principles of the NHS. The "I love the NHS" event is being organised by an alliance of 15 health unions—including the BMA and staff

associations—that are involved in the "NHS together" campaign. The campaign aims to curb the growth of the private sector in the NHS and the fragmentation of health services. Interested supporters should assemble at Embankment at 11 am for a march to Trafalgar Square at noon. More information is available at www.tuc.org.uk.

hygiene standards as check reveals ongoing problems

care professionals clean their hands before touching them."

His comments coincided with the release of the Healthcare Commission's second annual "health check" of NHS trusts (see News, p 849).

Inspectors found that 25% of hospital trusts and 28% of all NHS trusts had failed to implement at least one of the three infection control standards laid down by the Hygiene

Code, which became law in October 2006.

Of the total of 394 trusts, 111 had not complied with at least one of the code's provisions. In June trusts were asked to sign a declaration stating whether they had failed to meet any of the targets, and 99 admitted missing at least one. Healthcare Commission inspections flagged up a further 12 non-compliant trusts.

The commission's inspectors plan to

inspect every trust at least once next year. The health secretary, Alan Johnson, said that inspectors from the new regulatory body that is due to replace the Healthcare Commission will be given wider powers to close wards deemed unhygienic "and, in exceptional circumstances, place the trust under special measures so that changes can be made."

For details of the "Clean your hands" campaign see www.npsa.nhs.uk.

More effort is needed to tackle malaria in sub-Saharan Africa

John Zarocostas GENEVA

Important advances have been made in recent years to reduce the malaria burden in sub-Saharan Africa through greater use of treated bed nets and better treatment, says a report by Unicef.

But despite this progress the report concludes that overall use of bed nets treated with insecticide still falls short of global targets and that a large number of children with fever are still being treated with weaker drugs and not with the more effective artemisinin based combination treatments.

More "enhanced commitments and bolder efforts" are needed, it says, by donors and governments to help meet the anti-malaria goals.

Actions needed include fur-

ther strengthening of political and financial commitments and integrating malaria control into existing programmes for improving maternal and children's health, it says.

"In sub-Saharan Africa malaria kills at least 800 000 children

"Controlling malaria is vital to improving child health and economic development"

under the age of 5 each year," said Ann Veneman, Unicef's executive director. "Controlling malaria is vital to improving child health and economic development in affected countries. Studies show that malaria disproportionately affects the poorest people in these countries."



A community volunteer in Dialocoto, Senegal, sells treated mosquito nets

The report, prepared by Unicef on behalf of the Roll Back Malaria Partnership, says that sub-Saharan African countries are the hardest hit of the 107 countries and territories in tropical and sub-tropical regions where malaria is endemic. Sub-Saharan Africa accounts for more than 80% of the estimated one million deaths each year from the disease.

Awa Marie Coll-Seck, executive director of the partnership, said that its goal is to "achieve 80% coverage with all antimalarial interventions by 2010."

She added, "We are moving in the right direction, but we need to do much more."

The partnership, which was launched in 1988 to coordinate the international fight against malaria, includes the World Health Organization, Unicef, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the United Nations Development Programme, research and academic institutions, advocacy and community based organisations, and private sector bodies.

The report says that from 2004 to 2006 the supply of insecticide treated bed nets more than doubled from 30 million to 63 million and that another big increase is expected by the end of this year.

It notes that 16 of the 20 sub-Saharan countries for which

Disabled people

Caroline White BMJ

Disabled and elderly people and their carers lobbied MPs last week to protest about the lack of social care and choices available for independent living.

The protest was part of the ongoing "Our lives our choices" campaign, mounted by a coalition of charities and other associated organisations to raise awareness about the lack of investment in basic support services, such as help with eating and personal hygiene. The campaigners are

trend data are available have "at least tripled" their coverage of treated bed nets since 2000, but it admits that the high coverage hides large disparities within countries.

The proportion of children sleeping under treated bed nets reached 54% in the Gambia in 2006, up from 15% in 2000; in Togo the figure was 38% (up from 2%) and in Guinea-Bissau it was 39% (up from 7%). A total of 18 million nets have been distributed in Ethiopia since 2005 and more than 10 million in Kenya since 2003.

Nevertheless the report estimates that an extra 130 million to 264 million bed nets are needed to achieve the partnership's target of 80% coverage among African children aged under 5 and pregnant women who are at risk of malaria.

Malaria & Children: Progress in Intervention Coverage is available at www.rollbackmalaria.org.

Many Africans stop HIV treatment because of cost

Michael Day LONDON

Half of patients in sub-Saharan Africa who take antiretroviral drugs die or discontinue treatment within two years of starting it, new research shows.

For many patients treatment centres are too far

away or the cost of drugs too high. Other patients start antiretroviral treatment too late or are deterred by the side effects, say US and South African researchers in a review in *PLoS Medicine* (2007;4:e298).

Their review of the literature indicates that around 40% of patients were lost to treatment after two years. They estimate, however, that the true figure is likely to be around 50%.

The review's lead author, Sydney Rosen, of the Boston University School of Public Health,

"Losing up to half ... within two years is cause for concern"

said, "For those who have struggled to launch and expand treatment programmes in resource constrained settings, reaching a 60% patient retention after two years of treatment in just a few years' time is an extraordinary achievement.

"At the same time, losing up to half of those who initiate therapy within two years is cause for concern."

lobby parliament

also concerned about society's continuing reliance on unpaid care.

The coalition says that stricter criteria on eligibility for social care are forcing people with disabilities to live in housing that is unsuitable for their needs and to rely on family and friends to support them. About 175 000 children and young adults provide daily care for a disabled parent.

The coalition is calling for support to be given to the Independent Living Bill, which was introduced by Lord Ashley of Stoke in June 2006.



MARK THOMAS

Europe is lagging behind in fight against tuberculosis

Peter Moszynski LONDON

Tuberculosis is "an increasing threat to health security" in Europe, say health ministers gathered in Germany for a World Health Organization regional forum on the disease.

The ministers have adopted the Berlin Declaration on Tuberculosis, which calls for urgent action to reverse the high prevalence of tuberculosis, including the multidrug resistant and extensively drug resistant strains. WHO member states and international partners have committed themselves to providing more political support and resources to control and eventually eliminate the disease.

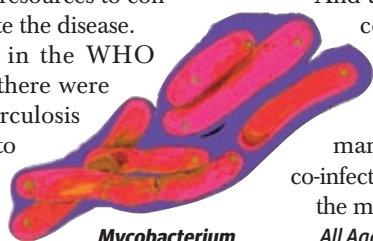
The forum heard that in the WHO European region in 2005 there were 445 000 new cases of tuberculosis and 66 000 deaths related to the disease. The countries of the former Soviet Union account for 72% of all cases, and Greece, Sweden,

and the United Kingdom have reported major increases in the number of infections in recent years.

The incidence of tuberculosis is "soaring" across the region among groups at high risk, such as migrant populations, homeless people, prisoners and other socially vulnerable groups, ministers heard. Although tuberculosis strains were changing, no new diagnostic methods and tools, drugs, or vaccines have been developed for several decades. Many countries face a shortage of staff for tuberculosis control.

And although tuberculosis is the commonest cause of illness and death among people with HIV and AIDS in the region, few countries manage tuberculosis and HIV co-infection in a comprehensive way, the ministers agreed.

All Against Tuberculosis is available at www.stoptb.org.



Mycobacterium tuberculosis bacteria

The review notes that many people who start antiretroviral treatment in sub-Saharan Africa already have very advanced disease and that stopping treatment in such circumstances could quickly prove fatal. Dropout rates vary hugely across treatment centres, however, and the authors say that it is vital for the centres with the worst retention rates to learn from the best.

A leading HIV specialist in South Africa, Glenda Gray, from the University of Witwatersrand, said

that having 40% or more of patients drop out "was simply not good enough."

Professor Gray said, "It's not enough just supplying the drugs. People need to be reminded that they have to keep on taking them. I suspect that many people start to feel better once they've taken the drugs for a while, and once this happens they stop taking them."

Last year 2.9 million people died from AIDS, 2.1 million of them in sub-Saharan Africa.

More than half of NHS trusts need to perform better

Rebecca Coombes LONDON

The Healthcare Commission, the independent NHS watchdog, has delivered its annual "health check," which shows an increase in the number of trusts in England providing good or excellent services. However, the performance of more than half of NHS trusts is still either fair or weak.

As this is the second year of the health check, the report provides the first opportunity to compare NHS performance with the results for 2005-6. All 394 trusts are scored in two main categories: quality of services and financial management. The commission was "concerned" that 20 trusts (5% of the total) were ranked weak in both categories.

On quality of services (such as meeting waiting list targets) 16% of trusts were judged excellent and 30% good, an improvement on the previous year. At the lower end of the scale, 45% were fair and 8% were weak.

Four trusts were named as the worst performers: Northern Devon Healthcare NHS Trust, Royal Cornwall Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust, and West Hertfordshire Hospitals NHS Trust.

Health secretary Alan Johnson warned that managers from these trusts would now meet the NHS chief executive, David Nicholson, for urgent talks to assess how they plan to "remedy the situation."

Results from the Healthcare Commission's 2006-7 annual health check are at <http://2007ratings.healthcarecommission.org.uk>.